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TOTNES RURAL DISTRICT



ANNUAL REPORT
OF THE HEALTH OF THE DISTRICT
FOR THE YEAR 1959

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F.T. HUNT, MB., BS., MRCS., LRCP., DPH., DIH.,
MEDICAL OFFICER OF HEALTH



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TOTNES RURAL DISTRICT COUNCIL

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for the year 1959.

I commenced my appointment as your Medical Officer of Health on April 1st 1959, and I also hold the appointments of Medical Officer of Health for Totnes Borough, Ashburton Urban District and Buckfastleigh Urban District, together with the appointment as Assistant County Medical Officer for Devon County Council.

In this report I have endeavoured to give an account of the work carried out by the Public Health Department during the year, to comment on the problems encountered and to bring forward suggestions that are worthy of future consideration.

By the very nature of my appointment it is necessary for me to inform this Council of any measures desirable or essential for avoiding, preventing or modifying diseases in the community. A healthy environment is vital and consequently I have maintained a considerable interest in housing, water supplies, clean air, sewage and refuse disposal. In order to keep myself informed of potential health hazards in the community it has been necessary for me to visit many different areas in the district and to visit various types of establishment in these areas. On a few occasions my visits have been regarded with suspicion although generally I have received complete co-operation from all concerned. A few of the problems encountered have been found to be rather long standing and, in these cases, an inspection of past Council minutes or the review of old press reports has often been of value in fully appreciating the background relating to these problems.

The birth rate and death rate from all causes per thousand of the estimated population, which is 14,360, were respectively 15.0 and 8.5, whereas the corresponding rates in 1958 were 13.09 and 9.07.

There were 197 deaths compared with 229 in the previous year. Out of these deaths 95 (48%) were due to diseases of the heart and circulation, whilst the second highest cause of death was due to malignant neoplasms which caused 16% of the recorded deaths.

There were 105 infectious diseases notified compared with 57 in 1958. Measles was the main cause of this increase, minor outbreaks occurring in January and July, and 85 cases were notified during the year. Whooping cough vaccination has been

mainly responsible for the reduction in the incidence of this disease and it is hoped that within the next few years a "measles vaccine" will also be available. There were 12 cases of scarlet fever but this disease is not always notified and undoubtedly several more cases did occur in the year.

The hot dry summer resulted in a scarcity of water in many parts of the West Country and areas of the Rural District were affected to some degree. The South Devon Water Board extended a piped water supply to Holne, Berry Pomeroy, Littlehempston and Staverton during the past year. Many farms and isolated dwellings continued to obtain water supplies from springs and wells and such water was subjected to bacteriological examinations at intervals of time. The water supply for the majority of the inhabitants of the hamlet of Washbourne was found to be unsatisfactory and it is anticipated that a pure, wholesome supply will be made available in the near future.

The disposal of refuse will eventually prove a problem due to the lack of suitable sites. When it becomes necessary to make use of tipping sites near to residential dwellings then I think a system of controlled tipping will have to be introduced. In the future I hope it will eventually become possible to extend the weekly refuse collection to a much greater part of the Rural District.

Sewage schemes have been completed for Halwell and Diptford and a number of other schemes are now under consideration. It is pleasing to note the progress that has been made in respect of sewage disposal schemes over recent years.

With regard to river pollution, I have already accumulated a vast amount of information on this subject from a number of sources since my arrival in the district. Throughout the year I have tried to give the Public Health Committee a well balanced report on the subject and have attempted to reinforce my own opinion with supporting scientific evidence. The problem is of long standing and there is no rapid solution. It is essential that crude or inadequately treated sewage should not be discharged into tidal waters but, as with many other environmental problems, financial consideration is often a retarding factor. The conclusion that bathing in sewage polluted sea water is not a hazard to health will probably retard progress in respect of a number of sewage disposal schemes on the coast.

Much attention has been given to the slaughterhouses in the area and advice has been given relating to the requirements of the regulations which came into force at the beginning of the year. The purpose of these regulations are to obtain better standards in the slaughterhouses and I think this fact is appreciated by all concerned. It is not yet known whether the five slaughterhouses in this area will be able to comply with the new construction regulations which will come into force at a future date. It was pleasing to note that 100% meat inspection was carried out during 1959 as complete inspection is not always possible in Rural Districts where slaughterhouses are spaced over considerable

distances. The repeal of the Staining and Sterilisation Regulations was very much regretted.

The control of rodents and other pests is not always appreciated and a vast amount of routine work is involved in connection with the inspection of premises, sewers and refuse tips for the detection of such pests. Much time can be occupied in carrying out this work, especially where distances are considerable. In practice, many local authorities have found it more satisfactory to offer a free service for the removal of rodents and other pests in private dwelling houses. By this means "block treatment" of premises can more easily be carried out and private individuals are not deterred in reporting the presence of infestation on account of the financial sum which would otherwise be involved for treating such premises. Obviously financial consideration is a big factor in providing such a scheme.

Following an inspection of the caravan sites during the summer months the problems involved at these sites were reported to the Public Health Committee. Minimal standards are necessary for both caravans and caravan sites and it is anticipated that legislation on this subject may well be forthcoming during 1960. Fortunately the caravan "problem" is not a major one in this district at the present time.

Visits were made to the cafes and hotels in the district and the requirements of the Food Hygiene Regulations were discussed with the occupiers of food premises. It would appear that temporary food handlers, usually employed in the summer season, are not always aware of the requirements of these regulations. The visits were usually made at slack times during the year but next year it is proposed to visit the food premises at the very busy times when it is hoped to find that a high standard of hygiene is still being maintained.

Throughout the year I have been particularly concerned with unfit houses which might be injurious to health. At the same time I have given my support to applicants for Council houses who, on account of chronic illness or permanent disability, would obtain considerable benefit by being rehoused. In all but a minority of cases housing needs arise from ill health, overcrowding, lack of a separate home or unsatisfactory existing accommodation.

I would like to end this report on a personal note by thanking the staff of the Rural District Council for their help and advice during the year, particularly to the Chief Public Health Inspector, Mr Waine, and the additional Public Health Inspector, Mr Bennett.

I am,

Madam Chairman, Ladies & Gentlemen,
Your obedient Servant,

F. T. Hunt
.....

Medical Officer of Health.

TOTNES RURAL DISTRICT

HEALTH COMMITTEE

CHAIRMAN -----COUNCILLOR MRS. E, MELVILLE, JP.,

VICE CHAIRMAN -----COUNCILLOR MRS. F. CURRIE.

together with

THE CHAIRMAN OF THE COUNCIL - COUNCILLOR MISS E.M. PEARCE-GOULD, JP.,
AND ALL THE MEMBERS OF THE COUNCIL

PUBLIC HEALTH STAFF

MEDICAL OFFICER OF HEALTH

F.T. HUNT, MB., BS., MRCS., LRCP., DPH., DIH.,
(Appointed April 1st, 1959)

CHIEF PUBLIC HEALTH INSPECTOR

W.D. WAINE, M.I.MUN.E., MRSH.,

PUBLIC HEALTH INSPECTOR

F. MUMNERY Cert. SIB.,

ADDITIONAL PUBLIC HEALTH INSPECTOR

E.P.G. BENNETT, MAPHI., ARSH.,

MEDICAL OFFICER OF HEALTH'S DEPARTMENT

MEDICAL DEPARTMENT,
MUNICIPAL OFFICES,
TOTNES.

Tel. Totnes 2335

PUBLIC HEALTH DEPARTMENT

COUNCIL OFFICES,
HIGHER PLYMOUTH
TOTNES.

Tel. Totnes 2242

SECTION 1.
STATISTICS

The statistics in this report have been compiled from information received from a number of sources throughout the year.

The monthly returns of births and deaths are received from the registrars of three registration sub-districts.

At weekly and quarterly intervals, details regarding infectious diseases, births and deaths, are received from the Registrar General. By this means information can be obtained on infectious diseases prevalent in neighbouring districts. Additional information about infectious diseases and illnesses are obtained from local schools, hospitals, district nurses and health visitors.

Whilst the mortality statistics give some indication of the health of this area more value could be obtained if morbidity figures were also available. It would be extremely valuable, therefore, if the general practitioner's certificates relating to sickness absence could be made available from the offices of the Ministry of Pensions and National Insurance.

1. General Statistics

Area	80,978 acres
River frontage of tidal waters	17 miles
Number of dwelling houses.....	4, 569
Rateable value (1st April 1959).....	£157,785
Estimated product of ld. rate.....	£644

2. Vital Statistics

Estimated mid-year population.....	14,360
------------------------------------	--------

Births

Live births	180
Live birth rate per thousand population.....	12.5
Illegitimate live births per cent of total live births.....	2.8
Still births	Nil
Still birth rate per thousand population.....	Nil
Still birth rate per thousand total live and still births...	Nil
Total live and still births	180
Crude birth rate per thousand population	12.5
Corrected birth rate per thousand population.....	15.0

Infant Mortality Rates

Infant deaths (under 1 year)	3
Total infant deaths per thousand total live births	16.6
Legitimate infant deaths per thousand legitimate live births	17.1
Illegitimate infant deaths per thousand illegitimate live births.....	Nil
Deaths under 4 weeks per thousand total live births (neo-natal mortality rate).....	16.6
Deaths under 1 week per thousand total live births (early neo-natal mortality rate).....	11.1
Still births and deaths under 1 week combined per thousand total live and still births (perinatal mortality rate).....	11.1

Maternal Mortality Rate

No deaths occurred under this category.

Deaths

Total deaths.....	19.7
Crude death rate per thousand population.....	13.7
Corrected death rate per thousand population.....	8.5

The estimated mid year population for 1959 shows an increase of 230 over the 1958 figure.

There were 180 live births (99 males and 81 females) and five of these were illegitimate births. No still births were recorded.

Three infant deaths were recorded (all males) and two of these occurred during the first week of life.

A total of 197 deaths were recorded (96 males and 101 females). A slight fall has occurred both in the Corrected Birth Rate and the Corrected Death Rate over last year's figures.

3.

CLASSIFICATION OF DEATHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Tuberculosis, respiratory	3	-	3
Syphilitis disease	2	-	2
Malignant neoplasm, stomach	5	-	5
Malignant neoplasm, lung, bronchus	6	1	7
Malignant neoplasm, uterus	-	1	1
Other malignant & lymphatic neoplasms	8	11	19
Leukaemia, aleukaemia	1	1	2
Diabetes	-	1	1
Vascular lesions of nervous system	10	16	26
Coronary disease, angina	16	11	27
Hypertension with heart disease	-	3	3
Other heart diseases	11	22	33
Other circulatory disease	2	4	6
Influenza	-	2	2
Pneumonia	10	6	16
Bronchitis	2	2	4
Other diseases of respiratory system	1	-	1
Ulcer of stomach and duodenum	-	1	1
Gastritis, enteritis and diarrhoea	3	1	4
Nephritis and nephrosis	-	2	2
Hyperplasia of prostate	3	-	3
Congenital malformations	1	-	1
Other defined and ill-defined diseases	9	12	21
Motor vehicle accidents	1	-	1
All other accidents	2	4	6
	<hr/>	<hr/>	<hr/>
Total	96	101	197
	<hr/>	<hr/>	<hr/>

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

1. Hospitals

Under the management of the Torquay and District Hospital Management Committee are the following hospitals:-

- a. Totnes and District Hospital - this is a Cottage Hospital and provides 24 available beds for acute cases.
- b. Broomborough Hospital, Totnes - this hospital provides 135 beds for chronic cases, 12 cots and 13 beds for maternity cases, 43 beds are available in the hospital for cases coming into Part 3 Category of the National Assistance Act.
- c. Dartmouth and Kingswear Hospital - provides 23 beds for general cases.

Part of the Rural District is served by:-

- d. The Paignton and District Hospital - a general hospital with 50 beds available.
- e. The Ashburton and Buckfastleigh Cottage Hospital - 15 beds are available here.
- f. Newton Abbot Hospital - there are beds for general cases, geriatric cases, maternity cases and for cases falling into Part 3 Category of the National Assistance Act.
- g. Torquay Hospital - which provides 163 beds for general and special cases.

Cases of infectious diseases are received at the Isolation Hospital, Torquay.

h. Cases of mental illness may be received at Moorhaven Hospital, Ugborough. This hospital has 756 available beds.

2. County Council Health Services

Under the National Health Service Act, 1946, the County Council provides the following services:-

1. Domiciliary midwives
2. Home Nurses.
3. Health Visitors.
4. Services for the care of expectant and nursing mothers and children under five.
5. Ambulance services.
6. Provision for vaccination and immunisation against diphtheria, whooping cough, poliomyelitis and smallpox.
7. The provision of a service of domestic helps (home helps)

8. Arrangements for the prevention of illness, the care of persons suffering from illness or mental defectiveness and the after care of such persons.

A. Home nursing, midwifery and health visiting.

Nine district nurse/midwives work in the Rural District, together with three Health Visitors and a nursing assistant.

B. Welfare Clinics

Child welfare clinics are held at frequent intervals at South Brent, Stoke Gabriel and Kingswear.

C. Domestic Help

This service is provided by the County Council through the local W.V.S.

The service is aimed at providing essential domestic assistance in cases of maternity, sickness, convalescence, old age and infirmity or any emergency in a household due to illness. The service is organised by the W.V.S. and the local organiser for the Rural District is:-

Mrs Currie, Alta Vista, Kingswear.

D. Ambulance Service

The ambulance service in Devon is operated by voluntary organisations, St. John's Ambulance Brigade and the British Red Cross Society. Ambulances are available at all times to convey people who are physically or mentally ill to hospitals, clinics etc.,

E. Vaccination and Immunisation

These services are provided at County Welfare Clinics and schools., Family doctors will also provide these services free of charge.

F. Care of the Aged

The County Council through the Welfare Committee provides residential accommodation in homes or hostels for persons who by reason of age, infirmity or other circumstances, are in need of care and attention not otherwise available to them. In the Rural District accommodation has been provided at Avondale House, South Brent.

3. General Practitioners

The District is very well served by General Practitioners.

4. Laboratory Services

Bacteriological examinations of pathological specimens and samples of milk, water and ice cream are carried out by either the Public Health Laboratory Service at Exeter or the Public Health

Laboratory Service at Plymouth. The chemical analysis of water and other samples is undertaken by Public Analysts in Exeter.

5. Tuberculin Testing Scheme (School children)

All children attending County Primary Schools in the District now receive, as part of the general supervision of their health, a special tuberculin skin test each year. This test may indicate if the child is suffering from, or has suffered from tuberculosis. Such children are referred for further examination and by this means early cases of tuberculosis can be detected in the child or in the child's family.

The scheme has as its main object, the detection of previously unsuspected cases of tuberculosis, and the examination of the child gives the lead for tracing the source of the infection in the community.

6. Tetanus Immunisation

During the year the Council's outdoor employees were advised on the dangers of tetanus and the value of tetanus immunisation. As a result, the vast majority of the employees have now been immunised against this disease, and these injections were given by their family doctors and, in the case of 15 employees, the injections were given by myself.

7. Mass Miniature Radiography

The Mass Miniature Radiography Unit visited three areas in the Rural District during the year.

In January the Unit was stationed at Wellington Square, South Brent. 353 persons had a chest x-ray, and out of this number 1 case of active tuberculosis was discovered and 7 non-tuberculous chest conditions were discovered.

In the same month the Unit visited The Square, Ugborough. 266 persons were examined and out of this number, 1 case of active tuberculosis was discovered, and 6 non-tuberculous chest conditions were identified.

In March 1959 the Unit visited Churston Ferrers Grammar School. 86 persons were examined but no active case of tuberculosis was discovered here.

8. Removal of Old and Infirm Persons to Institutions

Under Section 47 of the National Assistance Act 1948, the Council may apply to a court for an order to remove to a suitable institution any persons who

- a) Are suffering from grave chronic disease, or being aged, infirm or physically incapacitated, are living in insanitary conditions and
- b) Are unable to attend to themselves and are not receiving from other persons thorough care and attention.

The National Assistance (Amendment) Act 1951, amended Section 47 of the 1948 Act, and enabled application for removal of urgent cases to be made by the local authority or by the Medical Officer of Health, if authorised by the Council to do so, without giving 7 days notice as previously required.

Such application may be made either to a court of "summary jurisdiction", or to a single Justice, on a certificate by the Medical Officer of Health and another registered medical practitioner.

Detention orders made in respect of these urgent cases are limited to three weeks, and if it is necessary to extend this time, compliance must be made with the original requirements of Section 47.

This procedure is often resented by the person concerned and indeed the step is not initiated lightly. It is most essential that all means should be taken to persuade the person to go voluntarily to hospital or shelter and, on this account, it is essential that the Medical Officer of Health is called in early. In this way, he can seek the help of various persons and organisations and, given sufficient time, the statutory procedure is very rarely necessary.

When the Medical Officer of Health is called in at a late stage he has not sufficient time or opportunity to help the patient, and is then only of value in applying his signature to a document.

During the year it was not found necessary to resort to section 47 procedure, as voluntary persuasion was successful on each occasion.

SECTION C.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

1. Notifiable diseases.

The incidence of notifiable diseases is given in tables 1 and 2.

TABLE 1.

<u>Disease</u>	<u>Total</u>	<u>Age group in years</u>					
		<u>Under 1.</u>	<u>1-</u>	<u>5-</u>	<u>15-</u>	<u>25-</u>	<u>Over 65.</u>
Measles	85	1	40	42	1	1	-
Scarlet Fever	12	-	1	11	-	-	-
Whooping Cough	2	-	2	-	-	-	-
Tuberculosis (respiratory)	4	-	-	-	-	2	2
Tuberculosis (other forms)	1	-	-	-	1	-	-
Acute pneumonia	1	-	-	-	-	1	-

TABLE 2.

<u>Disease</u>	<u>Total</u>	<u>Incidence by quarters</u>			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>
Measles	85	40	3	38	4
Scarlet Fever	12	1	7	3	1
Whooping Cough	2	-	-	-	2
Tuberculosis (respiratory)	4	-	1	2	1
Tuberculosis (other forms)	1	-	1	-	-
Acute pneumonia	1	-	-	1	-

a) Measles - 85 cases of measles were notified during the year, 42 males and 43 females. A small outbreak occurred in January involving many parishes in the Rural District, and another small outbreak occurred in July at South Brent.

b) Whooping Cough - 2 cases of whooping cough were notified, both males under 5.

- c) Scarlet Fever - 12 cases of scarlet fever were notified, 5 males and 7 females.
- d) Acute pneumonia - 1 case was notified.
- e) Tuberculosis - 4 cases of pulmonary tuberculosis were notified, 3 males and 1 female, all adults. There was one case of non-pulmonary tuberculosis, a male in the 15-24 age group.
- f) Food poisoning - no cases of food poisoning occurred during the year. There was one suspected case, but investigations eliminated food poisoning as the cause of the illness.
- g) Dysentery - A small outbreak of dysentery was suspected at a school in the district, but investigations revealed that no infection was present.

2. Immunisation and Vaccination

Vaccination and immunisation is available to give protection against such diseases as smallpox, poliomyelitis, whooping cough, diphtheria, tetanus and tuberculosis. Immunisation and vaccination can be carried out by local medical practitioners and also, under the Devon County Council scheme. Sessions are carried out at local schools and the local infant welfare clinics.

3. Authentication of International Certificates

In order to prevent the spread of infectious diseases, several countries require that visitors should be vaccinated or innoculated against specified diseases. International certificates have now been prescribed for smallpox, yellow fever and cholera. When completed by the Medical Practitioner these certificates must be authenticated by the Medical Officer of Health.

It is the responsibility of travellers to see that international certificates of vaccination are available both for their family practitioner to sign and the Medical Officer of Health to authenticate. These certificates should be obtained by the traveller from the travel agency organising his journey. It is not the responsibility of local authorities to provide these documents.

From April 1st 1959 until December 31st 1959, 18 smallpox certificates and 3 cholera certificates were authenticated.

SECTION D:

SANITARY CONDITIONS IN THE AREA

1. Water

The water supply for the greater part of the Rural District is provided by the South Devon Water Board. As well as supplying water from its own sources of supply, the Board has distribution mains for Paignton water at Marldon, Stoke Gabriel and Holne.

Churston Ferrers has a main water supply from Paignton and springs or wells still supply a number of hamlets and scattered groups of houses and farms in various parts of the Rural District. Small local schemes were in operation during the year for Dean Prior and the village of Holne and the hamlet of Washbourne.

The South Devon Water Board laid mains to supply Berry Pomeroy, Littlehempston, Staverton and Holne during 1959. The village of Holne has required a pure water supply for some time and impure samples taken from the local supply were very frequent during the year.

The quality of the mains supply has been excellent but impure samples of water were obtained from time to time from local supplies at Holne, North Huish and Washbourne. A mains supply to Holne and North Huish will improve matters and, in the future, it is hoped that a pure water supply will become available to Washbourne.

The quantity of the water was somewhat limited during the very dry summer at Stoke Gabriel and Marldon (supplied by water from Paignton), and the position was alleviated by the South Devon Water Board laying a temporary overground main to the reservoir of the Paignton Urban District Council at Marldon.

There are two large impounding reservoirs in the Rural District the Avon reservoir of the South Devon Water Board at Brent Moor, and the reservoir for Paignton Urban District at Holne.

2. Refuse Collection and Disposal

House and trade refuse is collected weekly at Marldon, Stoke Gabriel, Churston Ferrers, Kingswear and South Brent. A fortnightly collection takes place in the remaining parishes but a few isolated houses and farms have monthly collections. Due to financial circumstances, it is not possible to offer a weekly collection throughout the Rural District.

The disposal of the refuse is carried out by tipping at seven sites in the district. These tips are usually disused quarries well away from the villages. Although soil cover is

arranged from time to time, it is not possible to carry out controlled tipping.

In recent years it has been increasingly difficult to find and obtain land for use as tipping ground. This problem will become even more acute in the future. Whilst there are still a number of sites which could well be used, they are rather near to residential property and consequently have not been brought into use because of the possible objection which would occur from the local residents. I consider that such sites could well be brought into use if controlled tipping was introduced.

Properly conducted and supervised, controlled tipping could serve a dual purpose of disposing of refuse hygienically, and at the same time reclaiming for agricultural or other use, land which might otherwise have been of little use. Controlled tipping has been found not to cause nuisances from fire, flies or rodents but, of course, such a scheme would be a little more expensive than the crude tipping system used at present.

3. Sewage Works and Sewerage System

22 villages and hamlets now have sewers and communal methods of disposal enabling the water carriage system of drainage. During the year the sewerage system at Stoke Gabriel was enlarged, and now serves a larger area. The schemes for Halwell and Diptford were completed, and a similar system for Morleigh was well under way. Schemes were under consideration for Cornworthy and Week.

Improvement and enlargement of disposal plants at the Bidwell Quarry Works at Dartington were also under consideration and, in the near future, the disposal plants at Galmpton and Bittaford will probably have to be enlarged.

4. River Pollution

During the year, as in 1958, work continued in tracing sources of pollution, and most attention was given to the Bidwell Brook. It was discovered that there were a number of isolated dwellings discharging crude sewage into the Brook, whilst other dwellings had overflowing cess pools discharging into it. In time the provision of a sewage works for Week and Brooking and the provision of septic tanks at isolated dwellings will improve the position.

From May to September special tests were carried out on samples of water taken from the Bidwell Brook and a point at Berry Weir. These tests were designed to detect the presence of Salmonella organisms. These organisms can be responsible for typhoid fever, food poisoning and gastro enteritis, but on no occasion were these organisms found to be present in the samples taken.

From the public health aspect, one is concerned with the impairment of water quality by sewage or trade wastes causing an actual or potential hazard to the health of the community. Trade discharge and sewage form the commonest types of liquid pollution, and such materials can contain harmful organic, inorganic and biological matter, including bacteria, viruses and parasitic worms.

Biological matter is found in sewage, and bacteria are present in crude sewage in very large numbers. Fortunately, the majority of these germs are harmless to man, but disease producing germs may occasionally be present and could then be responsible for causing the outbreak of a number of diseases, including typhoid and para-typhoid fever.

Problems of River Pollution

Besides the loss of the natural beauty of the river, the introduction of crude or inadequately treated sewage may lead to the following public health problems:-

1. The formation of unpleasant odours, due to the liberation of noxious gases such as methane and hydrogen sulphide. These gases result from the action of anaerobic bacteria on the sewage sludge. It has been estimated that crude sewage from a population of 1,000 people leads to the deposit of at least one ton of sewage sludge into the river each day.
2. An indirect effect on health is the loss of potential food supplies through the inability of a polluted river to support fish life. The concentration of dissolved oxygen in the river falls considerably as the amount of sewage pollution increases. In river estuaries it is now common to find pollution barriers through which migratory fish cannot pass.
3. Approximately one third of the water supplies of England and Wales are obtained from underground sources and the purity of such supplies is dependent upon no polluted material reaching the water bearing strata. Obviously polluted rivers and streams are a potential hazard to these underground water supplies, as there is always a danger that some pollution may be drawn into the underground wells.
4. There is always the danger of germ contamination of the water abstracted from the river for drinking purposes. This danger is very real if the water is not filtered, stored and chlorinated before use.
5. River bathing may expose a person to some risk of infection should the polluted water be swallowed.

Bathing in Polluted Water

Until quite recently much needed information was still required on the risks of bathing in sewage-contaminated river water. It was thought that a number of diseases could be contracted by falling into or bathing in sewage polluted water. In December 1959 the Medical Research Council Memorandum on "Sewage Contamination of Bathing Beaches in England and Wales" revealed that there had been little evidence of infection attributable, with any certainty, to bathing in sewage contaminated sea water. Whilst these findings relate to sea water and not rivers, nevertheless it would be probably true to say that the risk to health of bathing in polluted rivers is not as great as was hitherto imagined.

Tidal Waters

There is evidence that pollution of tidal waters has increased considerably in recent years. In estuaries the piston effects of tides often hold up the effective discharge of polluted river water and tends to produce a constant level of bacterial pollution. It is possible that sewage can travel up and down on the tide many times before reaching the open sea.

Tracing the Source of Pollution

Many enquiries and investigations have to be done before the source of sewage pollution can be detected, and the work is often made more difficult because of the influence of tides, winds and other factors including shipping traffic. In tracing the source collaboration is often necessary with the River Board and the Dartmouth and Totnes Port Health Authority.

Present Aims

There is no doubt that the River Dart has been polluted for a considerable time, but the degree of pollution is not excessive when compared with pollution in other rivers in England. The first aim is obviously to prevent any fresh pollution occurring, and I think it is true to say that this has already been achieved.

The second aim is to deal with existing pollution, and this is a slow and tedious process. Officials of the River Board and Port Health Authority have undertaken to inform me of any actual or potential cause of pollution existing in the Rural District.

Future Aims

It is essential that further pollution of rivers should not occur, and steps should obviously be taken to improve the condition of rivers which have been allowed to be grossly polluted in the past. Crude sewage, in my opinion, should never be allowed to pass

into the river, even in its tidal portion, and existing sewage disposal plants should be capable of producing an effluent which could be discharged into a river without causing any nuisance whatsoever. The financial cost of achieving these aims will be considerable.

5. Factories

Prescribed Particulars on the Administration of the Factories Act, 1937

PART 1 OF THE ACT

INSPECTION for purposes of provisions as to health

Premises (1)	Number on Register (2)	Number of		Occupiers Prosecuted (5)
		Inspections (3)	Written Notices (4)	
1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.....	4	2	1	-
2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.....	43	21	-	-
3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	9	-	-
Total	56	32	1	1

2. Cases in which DEFECTS were found

Particulars.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness	3	3	—	—	—
Sanitary conveniences (S7) insufficient unsuitable or defective	4	4	—	—	—
	7	7	0	0	0

6. Slaughterhouses

There are five slaughterhouses licensed in the district, but only 3 were in regular use during the year. 299 inspections were made at these slaughterhouses.

	Steers & heifers	Calves	Sheep & lambs	Pigs	Total no. of animals
No killed	168	22	882	268	1340
No inspected	168	22	882	268	1340
No of entire carcasses condemned	-	-	1	-	1
No of carcasses of which some part or organ was condemned due to disease	32	-	67	16	115

The amount of meat condemned or voluntarily surrendered in the slaughterhouses was as follows:-

Beasts

734 lbs. of meat altogether.
184 lbs. were condemned on account of live fluke.
550 lbs. were condemned due to extensive bruising of carcass.

Sheep

173 lbs. were condemned
6 lbs. were due to extensive bruising and the remainder to parasitic worm infestation.

Pigs

A total of 65 lbs. of meat were condemned. This was made up of 4 heads in which tuberculosis was present.
8 pairs of entire lungs due to the presence of parasitic worms & 4 pairs of entire lungs due to extensive congestion.

Thus the total amount of meat condemned was 972 lbs and the entire absence of bovine tuberculosis is in marked contrast to pre-war experience.

Legislation

The present legislation which covers slaughterhouses is:-

1. Food and Drugs Act, 1955.
2. The Slaughterhouses Act, 1958.
3. The Slaughterhouses (Hygiene) Regulations, 1958.
4. The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

The Slaughterhouses (Hygiene) Regulations came into force on the first of January 1959 for all new slaughterhouses but, in the case of existing slaughterhouses, the Regulations relating to the construction and equipment are due to come into force at a future date.

The Slaughter of Animals Regulations, re-enacted the 1954 Regulations with certain amendments and additional requirements. These regulations also came into force on January 1st 1959 for all new slaughterhouses, but some of the construction requirements will not apply to existing slaughterhouses until a future date.

During the year visits were made to all the slaughterhouses in the area, and advice was given on the regulations which had already come into force, and also on the construction regulations which are to come into force in the near future. The purpose of the regulations is obviously to improve the standard of slaughterhouses, but part of the regulations will not apply to existing slaughterhouses until the Minister is satisfied that they can be

reasonably enforced in all areas.

Meat unfit for human consumption

The Staining and Sterilisation Regulations 1959 were due to come into force on April 1st 1959 and were devised to ensure that any meat unfit for human consumption should be sterilised and stained, thus making it fit for animal consumption. These measures would undoubtedly have reduced the likelihood of disease being spread to humans from animals who ate unfit meat and also would have ensured that such meat did not find its way for human consumption. Unfortunately the regulations were repealed in March 1959

Licensed Slaughtermen

Number of new licences granted in 1959	1
Number of licences renewed in 1959	13
Number of licences in operation at end of 1959	14

Some attempt has been made in the Slaughter of Animals Act 1958, to improve the law relating to the licensing of slaughtermen. The chief factors which determine the grant or refusal of a licence by a local authority are that the applicant is over 18 years of age and that he is a fit and proper person to hold a licence. He is deemed not to be a fit and proper person if he has been convicted of an offence under:-

- a) The Slaughter of Animals Acts
- b) The Protection of Animals Acts.
- c) Any regulations made under the Slaughter of Animals Act, 1958 or any order made under the Diseases of Animals Act, 1950, relating to the transport of animals.

A person shall not use an instrument for slaughtering or stunning an animal unless his ability and physical condition qualify him to use it without inflicting unnecessary pain. A slaughterman's licence shall specify the species of animals and the type of instruments he is authorised to use.

A new licence may be granted to an apprentice slaughterman carrying an endorsement that he must slaughter or stun under the supervision of a fully licensed man, but this provision is dispensed with if he has worked in a slaughterhouse for at least three months and has satisfied the local authority of his ability to slaughter animals.

7. Knackers Yards

There is one licensed premises in the area.

8. Petroleum (Regulations) Acts 1928-36

Number of licences issued to store petrol - 49

9. Disinfection and Disinfestation

Number of premises disinfected after infectious diseases - 2
Number of premises disinfested due to verminous conditions - 15
Number of articles disinfested due to verminous conditions - 8
The verminous and infected premises were dealt with by the Council staff.

Infected and infested clothing and bedding were dealt with, by arrangement, at the Isolation Hospital, Torquay. Verminous persons are dealt with, by arrangement, at Torquay Borough's Cleansing Station.

10. Pest and Rodent Control

Under the Prevention of Damage by Pests Act 1959, this local authority has an obligation to ensure that, as far as is practicable, the area is kept free from rats and mice. For this purpose frequent inspections are necessary and in addition occupiers of land are required to give notice to the local authority whenever it comes to their knowledge that rats or mice are present on the land in substantial numbers. In the case of food premises, the notification must be made to the Ministry of Agriculture, Fisheries and Food.

Under the Act, the local authority may serve on the owner or occupier of any land, notice requiring him to take steps for the destruction of rats or mice on the land, and may also require the carrying out of any structural repairs or any other works. If such a notice is not complied with, then the local authority may carry out the destruction of the pests and recover the necessary expenses from the persons concerned.

A rodent operator works on a part-time basis for this authority, and regular treatment is carried out on the refuse tips. Test baiting is carried out in the sewerage system, and the operator frequently visits private and business persons in order to destroy pests. On these occasions a charge is made by the local authority for the operator's services.

11. Caravans

There are 4 licensed sites in the Rural District.

Bittaford Wood, Ugborough	maximum of	15	caravans
Webland Farm, South Brent	" "	20	"
Chest Farm, Ugborough	" "	15	"
Smokey House Inn, Marlton	" "	6	"

3 sites were licensed for single caravans in the year.

During an inspection of the caravan sites one can see caravans of various shapes and sizes. Whilst a maximum size has been laid down by the Ministry of Transport to prevent obstruction on the highway, there are no definite minimal standards. Ideally, caravans used for a permanent residence should be constructed to an approved standard. Minimal standards are desirable as regards size, construction and equipment in the caravan. To avoid overcrowding a "permitted number" should surely be laid down for caravans, as in the case of houses in the 1957 Housing Act.

There is always a great variation in standards found on the residential sites, and minimal standards are really necessary for these sites. Such standards should relate to density and spacing of caravans, water supply, sanitary accommodation, washing facilities laundry and drying facilities. Refuse disposal and drainage should be satisfactory, and adequate fire precautions should be enforced.

The dangers to the health of families living permanently in caravans are generally those associated with overcrowding and shortage of space. Difficulties often arise when infectious or serious illnesses make separation of the residents desirable. The absence of drying facilities may adversely affect health. The fire risk is often a grave one. The use of a caravan as a permanent home for a family with several young children is unsatisfactory due to the lack of floor space.

An investigation into the nature and extent of the problems which arise in connection with caravans used as residential accommodation was recently carried out on behalf of the Ministry of Housing and Local Government. The completed report was presented to Parliament in November 1959 and, amongst the findings it was noted that the existing regulations are not effective in ensuring suitable internal and environmental conditions. As a result of this report, I think that new legislation will be introduced in the future to deal with the problems relating to residential caravans.

12. Notices Served

45 informal notices were served during the year and these mainly related to housing defects, or statutory nuisances. Four statutory notices were served, two relating to the drainage on premises under section 39 of the Public Health Act, 1936, and the other two related to statutory nuisances under section 92 of the Public Health Act 1936.

13. Number of visits and inspections made during the year

No of inspections of dwelling houses	308
" " " " food premises	51
" " " " unsound food	15
" " " " slaughterhouses	17
" " " " knackers yards	4
" " " " factories and workshops	32
" " " " movable dwellings	22
No of drainage inspections	199
No of inspections re verminous premises	23
" " " " water supply and sampling	71
" " " " nuisances	102
" " " " rodent control	23
" " " " pest infestation	23
" " " " refuse collection and disposal	77
" " " " Litter Act	20
" " " " river pollution	10
" " " " agriculture (Health and Provisions) Act 1956	54

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. Food premises and food hygiene

There were 89 food premises operating in the area. This number was made up of 17 cafes and restaurants, 11 hotels, 2 bakehouses and 59 retail food shops (all trades).

During August 1959, occupiers of these food premises were asked to maintain a high standard of food hygiene, and a summary of the 1955 Food Hygiene Regulations was forwarded to each occupier. Visits were made to cafes and restaurants a few weeks later.

In general it was found that the standard of hygiene was good. It was noted however, that during the summer season temporary food handlers were employed in many of the larger shops and the majority of these food handlers were completely unaware of the requirements of the Food Hygiene Regulations. I consider that an employer should always ensure that his food handlers have a basic knowledge of food hygiene, and are familiar with the statutory requirements of the 1955 Food Hygiene Regulations

These regulations are intended to reduce food poisoning and diseases spread by food - primarily by preventing contamination of food, and by ensuring that food is kept under such conditions that multiplication of germs cannot take place. Whilst it is comparatively easy to control the standards of premises and equipment used, it is often difficult to control the behaviour of persons employed in food handling, particularly temporary food handlers.

The amount of unsound food surrendered or condemned was as follows:-

Tinned fruit	2 cwts.
Tinned vegetables	8 cwts.
Tinned meat	2 qrts.
Tinned fish	5 lbs.
Barrelled cyder	32 gallons
Imported mutton	50 lbs.

Meat inspected at slaughterhouses has not been included in these figures.

2. Ice Cream

Thirty seven premises were registered for the manufacture, storage and sale of ice cream during the year, under Section 16 & 18 of the Food and Drugs Act 1955.

3. The Milk (Special Designation) (Pasturized and Sterilised Milk) Regulations 1949-53.

During the year there were 9 registered premises in which pre-bottled T.T. Pasturized or Pasturized milk was retailed.

4. Meat Hygiene

Over recent years meat and meat products have been the most common vehicle of food poisoning outbreaks. The hazards of cross infection of meat in slaughterhouses are now well known and the introduction of the Slaughterhouses (Hygiene) Regulations will result in improved meat hygiene.

These regulations deal with the cleanliness of premises, equipment and standards of personal hygiene and conduct. They can be regarded as a parallel to the Food Hygiene Regulations.

SECTION F

HOUSING

1. General Information

Total number of dwelling houses in district4,569
Total number of visits to dwelling houses 308
Unfit houses demolished during the year (Section 16 & 17 1957
Housing Act) - 4 houses were demolished and one family, consisting
of two persons was displaced.

Unfit houses closed (Section 16 & 17 Housing Act) - 3 unfit houses
were closed and no families were displaced.

Unfit houses in which defects were remedied - 34 houses were
made fit after informal action by the local authority and 4 houses
were made fit following formal action.

Clearance Areas - no clearance areas were declared during the year.
3 families consisting of 5 persons were rehoused from a previously
declared clearance area.

Overcrowding - Two houses were found to be overcrowded at the end
of the year. Twenty houses were considered to be unfit for human
habitation and were represented to the Council during the year.
88 houses were found to have minor defects requiring attention
and informal action was taken in these cases.

During the year a start was made on the erection of two houses at
Church Row, Ugborough, on the site of the 4 houses on which
demolition orders were made in the past. The approval of the plans
was given for the provision of amenities in the 5 Sarah Roper's
Alms Houses at Kingswear. It was also pleasing to note the
commencement of the erection of a block of 6 bungalows for aged
persons at Dartington by the Dartington Housing Association.
Improvement grants were instrumental in securing the provision of
amenities and general improvement of a number of houses.

2. Local circumstances affecting Housing

The hilly nature of the topography has resulted in many
houses having soil or rock adjoining walls to a considerable height.
This often has the effect of making the house damp or not allowing
adequate through ventilation in the house. Inspection of old houses
frequently revealed the incidence of two major defects - dampness
and inadequate ventilation.

3. Housing (Underground Rooms) Act 1959

This Act came into force in January 1959 and its purpose was
to restore to the local authorities the simple and quick means of
closing unhealthy underground rooms.

4. Rehousing on medical grounds

During the year 12 persons were visited who considered that they should be given some priority in respect of Council house allocation on account of either unfit existing accommodation or the presence of illness or disability in the applicant's household. In 8 cases it was considered that some priority should be given in the allocation of a Council house, and the facts were submitted to the Housing Manager.

5. Housing improvement grants

The House Purchase and Housing Act 1959, together with the 1958 Housing (Financial Provisions) Act, has helped the owners of old houses to bring them up to date with modern amenities. There are now two kinds of grant available:-

- a) Standard Grant
- b) Discretionary Grant.

A Standard Grant is available towards the cost of improving a house which lacks certain amenities, such as a bath or shower, a wash hand basin, water closet, a hot water supply and a food store. This grant is a new form of improvement grant and can be claimed as a right providing the conditions of payment are satisfied.

A Discretionary Grant is payable for a wider range and more extensive form of improvement but payment of such a grant is at the discretion of the local authority.

In the future it will be interesting to see whether the availability of these grants plays a larger part in the improvement of unsatisfactory dwellings.

6. Old People's Houses

Following the completion of the housing survey during the middle of 1959, it has now been possible to estimate the housing needs of old persons. It is extremely difficult to accurately assess these requirements, especially in a rural district. Many elderly persons are very reluctant to move from their local surroundings, whilst others wish to remain near relatives. It is not always possible to build houses for old persons near their existing accommodation. Others realise that they may have to pay more rent, and are reluctant to move because of this fact. Whilst financial assistance is often available for such persons they are usually very independent and are reluctant to ask for it.

APPENDIX

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1959 FOR THE RURAL DISTRICT
OF TOTNES IN THE COUNTY OF DEVON

Prescribed Particulars on the Administration
of the Factories Act, 1937.

PART 1 OF THE ACT

1. INSPECTIONS for purposes of provisions as to health

Premises (1)	Number on Register (2)	Number of		Occupiers Prosecuted (5)
		Inspections (3)	Written Notices (4)	
(1) Factories in which Sections 1,2,3, 4 and 6 are to be enforced by Local Authorities.....	4	2	1	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.....	43	21	-	-
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out workers' premises)	9	9	-	-
Total	56	32	1	-

2. Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Insp. (4)	By H.M. Insp. (5)	
Want of cleanliness (S.1)	3	3	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temp. (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	4	4	-	-	-
(b) Unsuitable or defective.	-	-	-	-	-
(c) Not separate sexes	-	-	-	-	-
Other offences against the ACT (not including offences relating to outwork)	-	-	-	-	-
Total	7	7	0	0	0

PART 8 OF THE ACT

OUTWORK

Sections 110 and 111.

There were no outworkers in the District and there is thus a "NIL" RETURN.

